

# THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

39090

FILED DEC 1 1950

State File No. \_\_\_\_\_

BIRTH NO. _____		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO. <b>1003</b>		Registrar's No. <b>9975</b>	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MISSOURI</b> b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>ST. LOUIS</b>		c. LENGTH OF STAY (In this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>ST. LOUIS</b>		211.9	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>MISSOURI BAPTIST Hosp</b>				d. STREET ADDRESS (If rural, give location) <b>3952 KENNERLY AVE</b>			
3. NAME OF DECEASED (Type or Print) <b>FRED</b>		a. (First) <b>W</b>		b. (Middle) <b>STOCKSICK</b>		c. (Last) _____	
4. DATE OF DEATH <b>NOV 23 1950</b>		(Month) (Day) (Year)		5. SEX <b>MALE</b>		6. COLOR OR RACE <b>WHITE</b>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>		8. DATE OF BIRTH <b>JUN 12, 1886</b>		9. AGE (In years last birthday) <b>64</b>		10. UNDER 1 YEAR Months _____	
11. BIRTHPLACE (State or foreign country) <b>ST. LOUIS</b>		12. CITIZEN OF WHAT COUNTRY? <b>U</b>		13a. FATHER'S NAME <b>FRED STOCKSICK</b>		13b. MOTHER'S MAIDEN NAME <b>DELIA MITCHELL</b>	
14. NAME OF HUSBAND OR WIFE <b>MARGUERITE</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <b>Marguerite Stocksick</b>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Subarachnoid hemorrhage</b> ANTECEDENT CAUSES Ascribed conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. _____				INTERVAL BETWEEN ONSET AND DEATH <b>3 wks</b>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <b>No op.</b>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>No</b>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>231X</b>					
22. I hereby certify that I attended the deceased from <b>Nov 3, 1950</b> to <b>Nov 24, 1950</b> , that I last saw the deceased alive on <b>Nov 23, 1950</b> , and that death occurred at <b>6:30 p.m.</b> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <b>E. H. Kulker M.D.</b>				23b. ADDRESS <b>3121 - N. Grand</b>		23c. DATE SIGNED <b>11-24-50</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		24b. DATE <b>11-27-50</b>		24c. NAME OF CEMETERY OR CREMATORY <b>MT. LEBANON</b>		24d. LOCATION (City, town, or county) (State) <b>ST. LOUIS Co. Mo</b>	
DATE REC'D BY LOCAL REG. <b>NOV 24 1950</b>		REGISTRAR'S SIGNATURE <b>J. B. Foster</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>A. M. H. H. H.</b>		ADDRESS <b>2707 N. Grand</b>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_

working under my personal supervision.

Signed.....  
Student Embalmer

Signed

Student Embalmer No.....

Licensed Embalmer No. 4329

P. O. Address St. Louis, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.